

Printed 11/14/2000

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET N
09/378,222	08/19/1999	709	2152	PHLY-24.670

## APPLICANT

JEFFRY JOVAN PHILYAW, DALLAS, TEXAS; DAVID KENT MATHEWS, CARROLLTON, TEXAS.

## \*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A CIP OF 09/151,530 09/11/1998 PAT ✓ 6,098,106

yes ARMDT

## \*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

None AR NO MDT

## \*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

None AR NO MDT

FOREIGN FILING LICENSE GRANTED 09/02/1999

SMALL ENTITY

Foreign priority claimed 35 USC 119 (a-d) conditions met	O yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> X yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> O Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and acknowledged	<u>AR</u> <u>MDT</u> Examiner's Name Initials	TX	9	18	4

## ADDRESS

THOMPSON & HOWISON LLP  
P O BOX 741715  
DALLAS , TX 75374

## TITLE

METHOD AND APPARATUS FOR EMBEDDING ROUTING INFORMATION TO A REMOTE  
WEB SITE IN AN AUDIO/VIDEO TRACK

<b>SERIAL NUMBER</b> <p style="text-align: center;">09/378,222</p>	<b>FILING DATE</b> <p style="text-align: center;">08/19/99</p>	<b>CLASS</b> <p style="text-align: center;">709</p>	<b>GROUP ART UNIT</b> <p style="text-align: center;">2756</p>	<b>ATTORNEY DOCKET NO.</b> <p style="text-align: center;">PHLY-24.670</p>
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APPLICANT

JEFFRY JOVAN PHILYAW, DALLAS, TX; DAVID KENT MATHEWS, CARROLLTON, TX.

  
  

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
VERIFIED      THIS APPLN IS A CIP OF      09/151,530 09/11/98  
   WHICH IS A CIP OF      09/151,471 09/11/98

  
  

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
VERIFIED

  
  
  
  
  
  
  
  
  
  

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
VERIFIED

  
  
  
  
  
  
  
  
  
  

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/02/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> <p style="text-align: center;">TX</p>	<b>SHEETS DRAWING</b> <p style="text-align: center;">9</p>	<b>TOTAL CLAIMS</b> <p style="text-align: center;">18</p>	<b>INDEPENDENT CLAIMS</b> <p style="text-align: center;">4</p>
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TITLE

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<b>FILING FEE RECEIVED</b> <p style="text-align: center;">\$484</p>	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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